

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2015
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, review of Resident Council Minutes, and interview, the facility failed to resolve a grievance for 1 (#138) of 16 residents in Resident Council meetings.</p> <p>The findings included:</p> <p>Review of facility policy, Grievance Procedure, dated August 2010, revealed "...The grievance procedure provides a mechanism by which patients and/or family members may express complaints or problems. All facility staff is responsible for assisting to resolve patient complaints or problems brought to their attention..."</p> <p>Review of the Resident Council Meeting Minutes dated 2/9/15 revealed "...missing pants [Resident #138]..."</p> <p>Review of the Resident Council Minutes dated 4/13/15 revealed "...still have not gotten...pants [Resident #138]..."</p> <p>Interview with the Activity Director (AD) on 4/28/15 at 3:30 PM, in the AD's office, confirmed the concerns from Resident Council regarding missing clothing were given to the Social Worker and the Administrator for followup.</p>	F 166	<p>F166 483.10(F)(2) SS=D Right to Prompt Efforts to Resolve Grievances</p> <p>Requirement</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of the other residents.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> On 4/28/15 Resident # 138 pants were replaced by the Social Services Director. The Social services director conducted an audit of all grievances for the last 6 months on 4/28/2015, to determine if other residents were affected or the potential to be affected. No other patients were identified. (a.) The Social Services and Activities Director were serviced 5/15/2015 by the Administrator regarding the grievance policy and procedure, as well as prompt efforts to resolve grievances with documentation and follow-up. (b.) All grievances will be discussed daily during morning QA. 		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 166	Continued From page 1 Interview with the Resident Council President on 4/28/15 at 3:55 PM, in the Activity Room, confirmed the council had not received a resolution to the missing pants. Interview with the Social Worker (SW) on 4/28/15 at 4:00 PM, in the SW office, confirmed the SW was not aware of the resident's missing pants. Interview with the AD on 4/28/15 at 4:10 PM, in the SW office, confirmed the grievance for the missing pants had not been resolved.	F 166	(c) All articles will be found or replaced within 14 days. (d) All nursing staff were in-service on 5/15/15 by the DON on proper grievance policy and procedures. 4 The Administrator or designee will monitor for compliance through daily review of grievances and report findings during monthly Patient Care and Services meeting and quarterly to QA & A.	6/15/15	
F 247 SS=D	483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, and interviews, the facility failed to notify the family of a room transfer for 1 resident (#98) of 3 family interviews conducted. The findings included: Review of facility policy for Transferring Room to Room, dated June 2014, revealed "...Transferring from room to room...Social Services must notify family, patient, and/or responsible party five (5) days prior to transfer...Family, patient and/or responsible party may choose to waive the five-day period. If so, be sure to document family waived their rights in the clinical note..."	F 247	F247 483.15(e)(2) SS=D RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE Requirement: The resident will receive notice before the resident's room or roommate in the facility is changed. 1. On 4/10/15 Resident # 88 family member was notified of room transfer. 2. The Social Services Director conducted an audit of all grievances for the last 6 months on 4/28/2015, to determine if other residents were affected. No other patients were identified. 3. (a.) The Social Service Director was in-service on 5/5/15 by the Administrator regarding the facility policy to notify family, patient and/or responsible party. 4. The Administrator will monitor for compliance through daily review of all room/roommate changes for 4 weeks and discuss findings monthly during Patient Care & Service meeting and quarterly to QA & A	6/15/2015	

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F 247	Continued From page 2 Medical record review revealed Resident #98 was admitted 2/20/15 with diagnoses including Atrial Fibrillation, Congestive Heart Failure, Reactive Confusion, and Hypertension. Medical record review of the Clinical Notes Report revealed "...4/10/15 Pt. [Patient] showed room 202A and agreed to transfer with all personal belongings to new room...4/11/15 Pt. alert with confusion noted...Pt. tolerated room change well...Pt. stated she likes her new room and roommate..." Interview with the resident was attempted 4/27/15 at 11:57 AM. The interview was discontinued due to the resident's confusion. Interview with the resident's niece, who was in the room at the time, was conducted at 12:00 PM. The niece revealed, after admission, the resident was transferred to a different room and the facility had not notified the niece of the room transfer. Interview with Licensed Practical Nurse (LPN) #1 on 4/29/15 at 8:04 AM, at the nurse's station, confirmed the family had not been notified of the resident's room transfer.	F 247			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323	F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES. Requirement The facility will ensure that a resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.		

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F 323	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure a safe transfer for 1 resident (#70) of 3 residents reviewed for accidents, of 28 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #76 was admitted to the facility on 2/27/08 with diagnoses including Epilepsy, Fracture Neck of Femur, Chronic Ischemic Heart Disease, Alzheimer's Disease, Chronic Pain, Anxiety, and Osteoporosis.</p> <p>Medical record review of the quarterly Minimum Data Set (MDS) dated 2/9/15 revealed the resident scored a 3 on the Brief Interview for Mental Status (BIMS), indicating the resident had severely impaired cognitive skills, required extensive assistance of 2 persons for transfers, and had experienced a fall since the prior assessment.</p> <p>Medical record review of the Fall Risk Assessment dated 2/9/15 revealed the resident was at moderate risk for falls.</p> <p>Medical record review of the electronic Care Plan Report, revised on 2/14/15, revealed "...At risk for falls r/t [related to] vision, balance, cognitive impairment... Assist with mobility with adequate staff assist..."</p> <p>Medical record review of the electronic Resident Care Summary Assessment, created on 2/10/15, revealed "...Transfer: AX2 [assist with 2</p>	F 323	<p>1. On 5/16/15, the DON rounded and observed Resident #76 being transferred by 2 Certified Nursing Assistants</p> <p>2. (a.) On 05/15/2015 the DON and ADON conducted an investigation/ chart review of the last 6 months of falls and any irregularities noted were appropriately addressed.</p> <p>(b.) On 5/15/2015 a 100% audit/observation of fall Residents was conducted by DON</p> <p>3. (a.) All staff was in-serviced on 5/11/15 by the DON to review Resident Care Needs prior to offering assistance to determine the number of staff needed to make sure of a safe transfer.</p> <p>(b.) All nursing staff was in-serviced on 5/15/15 by the DON to communicate change in patient care during shift change.</p> <p>(c.) All new nursing employees will be in-serviced how to utilize the kiosk and Wyse terminals to review Resident Care Needs prior to patient care.</p> <p>(d.) A fall log with interventions will be kept at each Nurses station.</p>		

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F 323	Continued From page 4 persons]..." Medical record review of a Nurses Event note dated 2/28/15 at 6:30 PM, revealed "...CNA [Certified Nursing Assistant] took Resident to bathroom, was getting resident up off commode with gait belt in use. When resident was done, resident pulled herself up with grab bar [safety rail in bathroom]. CNA was pulling resident's underwear up, when resident stated she wanted to sit down. CNA states she told patient to 'wait just a second', so she [CNA] could pull up her pants. CNA stated 'she lowered/eased patient to floor with her knees.' When she [CNA] noted patient attempting to sit down in floor. No injuries noted. Patient assisted per 2 CNAs to patient's special chair..." Observation on 4/28/15 at 1:40 PM, revealed the resident propelling self, with the feet, in a rock in go chair, with a pressure pad alarm in place. Interview with the Director of Nursing on 4/28/15 at 2:10 PM, in the activities room, confirmed the resident did not have 2 CNAs present to assist with the transfer from the commode, at the time of the fall on 2/28/15.	F 323	4. The DON, ADON, and SDC will monitor for compliance through random Rounding daily x2Weeks; then weekly x4, and monthly x 2 months and report findings during the monthly Patient care & services meeting and quarterly during QA & A meeting.	6/15/2015	
F 428 SS-D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.	F 428	F 428 483.60(c) DRUG REGIMEN REVIEW/REPORT, ACT ON Requirement The Pharmacist will report any irregularities to the attending physician, and the Director of Nursing, and these reports will be acted upon.		

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F 428	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, and interview, the facility failed to ensure a drug regimen review and report was completed timely for an anti-anxiety medication for 1 (#155) of 5 residents reviewed for unnecessary medications, of 28 residents reviewed.</p> <p>The findings included:</p> <p>Review of the facility policy for the Consultant Pharmacist, dated September 2014, revealed "...Your facility's consultant pharmacist will conduct a drug regimen review monthly...As a part of the drug regimen review the consultant may review diagnosis, formulary issues, drug interactions and other irregularities. Other focuses that will be performed on a rotating basis include...Psychoactive Therapies...Physician recommendations/suggestions must be communicated to the physician...This process must be completed within ten (10) business days to remain in compliance. The DON [Director of Nursing] must maintain the drug regimen review list in a date sequence file. They must be readily available as the survey team will review with their annual visit..."</p> <p>Medical record review revealed Resident #155 was admitted to facility on 11/4/13 with diagnosis including Mental Disorder, Psychosis, Anxiety State, and Depressive Disorder.</p> <p>Medical record review of the medication</p>	F 428	<p>Continued from page 5</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. Resident #155 pharmacy recommendation were sent to MD immediately with the PRN anxiety med being discontinued. 2. All Pharmacy recommendations of that month were reviewed. 1 MD identified as not responding to recommendations. This MD recommendations will be faxed and hand delivered. 3. (a.) The DON and ADON were in-serviced by the Administrator on 5/15/15 to follow up on recommendations weekly until all are returned 4. DON, ADON to monitor for pharmacy recommendations returned weekly for a minimum of 3 months. 	8/29/2015	

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F 428	<p>Continued From page 6</p> <p>administration record for April 2015, revealed the resident was ordered Lorazepam 0.5 mg (milligrams) by mouth 2 times daily and Lorazepam 0.5 mg IM (Intramuscular) every 4 hours as needed (prn) on 8/04/14.</p> <p>Medical record review of the care plan revised 3/17/15, revealed "...Psych [psychotropic] med [medication]; Resident at risk for mood and behaviors and side effects of psych med use to manage mood and behaviors...Interventions... Pharmacy consult to monitor med use and make recommendations to MD [Medical Doctor] for reductions or changes as indicated..."</p> <p>Medical record review revealed there was no pharmacy recommendations regarding the resident's use of Lorazepam available in the facility as of 4/29/15.</p> <p>Telephone interview with the pharmacist on 4/29/15 at 8:25 AM, revealed the pharmacist agreed to fax any pharmacy reports to the facility for review by the survey team on 4/29/15.</p> <p>Review of the Consultant Pharmacist recommendation to Attending Physician/Prescriber, faxed by the pharmacist on 4/29/15, with a "printed date" of 10/29/14, revealed "...This resident is on Lorazepam 0.5 mg BID [2 times daily] and 0.5 mg IM Q4H [every 4 hours] PRN. Please review the case and taper if possible..." Further review of the faxed report revealed it was signed and dated by the physician 4/29/15 and stated "...D/C [discontinue] prn [the lorazepam ordered for prn administration]..."</p> <p>Interview with the Director of Nursing (DON) on 4/29/2014, at 8:00 AM, in the conference room,</p>	F 428			

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F 428	Continued From page 7 confirmed she did not have the Consultant Pharmacist recommendation with a "printed date" of 10/29/14 for the Lorazepam dose reduction.	F 428			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and	F 441	F 441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS REQUIREMENT The facility will establish and maintain infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Corrective Action: 1. On 4/28/2015, The DON in serviced RN # 1 immediately one on one when to use effective hand hygiene for resident # 80 and all other residents. 2. On 4/28/2015 Med Pass audits with 7 other nurses on 10 other Residents revealed no contamination or improper hand hygiene. 3. (a.) On 4/28/15 & 5/15/15, all other licensed nurses were in-serviced by the (DON) on proper hand hygiene technique and when it should be completed. (b.) The DON & ADON will complete Med Pass audits on RN#1 weekly x 4 weeks. 4. The DON and ADON will monitor for compliance by conducting a minimum of 6 med pass audits with the licensed Nurses weekly for 3 months to observe hand hygiene practices, and report findings monthly during Patient care & services meeting and Quarterly during QA & A meeting.	6/29/2015	

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F 441	<p>Continued From page 8</p> <p>transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview, the facility staff failed to appropriately wash the hands during medication administration for 1 resident (#54) of 28 residents reviewed.</p> <p>The findings included:</p> <p>Review of the facility policy Hand Hygiene, revised August 2010, revealed "Hand hygiene is the simplest, most effective means of infection control. The term hand hygiene refers to actions intended to decrease the number of contamination microorganisms on the skin...Hand hygiene must be performed at a minimum...Before donning gloves and after removing gloves..."</p> <p>Review of the facility's policy, Eyedrop Administration Procedure for Adults, dated 2002, revealed "...Wash hands [examination gloves may be worn]...In still medication...wash hands..."</p> <p>Observation on 4/28/15 at 8:30 AM, in the resident's room, revealed Registered Nurse (RN) #1 administering medications to resident #54. Continued observation revealed, with gloved hands, RN #1 used the bed crank to elevate the head of the bed, and without washing the hands, changed gloves, returned to the medication cart, and crushed the resident's medications. Continued observation revealed, without washing the hands, RN#1 changed the gloves and</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>returned to the resident's room. Continued observation revealed RN #1 administered the resident's crushed medications with applesauce, with gloves in place, then administered a nebulizer treatment. Continued observation revealed, without changing the gloves or washing the hands, RN #1 instilled eye drops into each eye, removed the gloves, and returned to the medication cart.</p> <p>Interview with RN #1, on 4/28/15 at 8:45 AM, in the hallway, confirmed the hands were not washed when gloves were changed and prior to the administration of eye medications.</p>	F 441			